St. Francis Xavier University

RANKIN SCHOOL OF NURSING

June 13th-15th
2019
Antigonish,
Nova Scotia

ARCASN
Atlantic Region - Canadian Association of Schools of Nursing

Ethics in Nursing:

Fostering a Moral Climate of Care for Nursing Research, Practice & Pedagogy

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Pjila'si! Welcome! Bienvenue! Fáilte!

The conference committee members and volunteers wish to extend a warm welcome to you as you join us for this year's 2019 ARCASN conference hosted by the Rankin School of Nursing at St. Francis Xavier University. Thank you for coming and sharing your energies and insights as we network together for ethics in nursing and quality nursing education. Thank you to the many of you whose scholarship is part of our program.

We wish to acknowledge that the ground on which we gather for this engaging event is on the unceded, ancestral territory of the Mi'Kmaq people.

Sincerely,

Marion Alex, *ARCASN Representative & Committee Chair*

The Conference Executive Planning Committee:

Marion Alex (Chair)
Marie Arnott
Amanda Atyeo
Daphne Connolly
Denise Delorey
Dr. Patti Hansen-Ketchum
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Nadine Campbell
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Conference Objectives

This year's ARCASN conference aims to explore several areas related to ethics in nursing, including…

1. Highlighting ethics as a fundamental guide to nursing and health care in the areas of:

   ☐ Education & Pedagogy

   ☐ Research & Theory

   ☐ Practice

   ☐ Community Health

2. Exploring ethical themes related to:

   ☐ Inclusivity

   ☐ Social Justice

   ☐ Vulnerable Populations

   ☐ Ethical Pedagogy

   ☐ Ethical Workplace Culture

   ☐ Relational Ethics

Keynote Speakers

Dr. Franco A. Carnevale, RN, PhD(Psych), PhD(Phil)

Franco A. Carnevale is a nurse, psychologist and clinical ethicist. He completed his undergraduate nursing degree, and three master's degrees in nursing, education, and bioethics, as well as a doctorate in counseling psychology at McGill University. He also completed a master's degree in philosophy at Université de Sherbrooke and a second doctorate in moral philosophy at Université Laval. In addition, he completed a fellowship in medical anthropology at Université de Montréal. Dr. Carnevale's current academic appointments include (all at McGill University): Full Professor, Ingram School of Nursing; Associate Member, Faculty of Medicine (Pediatrics); Adjunct Professor, Counselling Psychology; Affiliate Member, Biomedical Ethics Unit. His clinical appointments include: Clinical Ethicist for Child, Adolescent, and Family Services and Director of the Nursing Research Program (Research Centre) at the Douglas Mental Health University Institute; Chair of the Clinical Ethics Committee at the Shriner's Hospitals for Children (Canada); Clinical Ethics Consultant at Le Phare, Enfants et Familles (pediatric hospice and respite care); and Associate Member of Pediatric Critical Care, Nursing Advisor, and Past-Chair (1997-2016) of the Pediatric Ethics Committee, all at the Montreal Children's Hospital-McGill University Health Centre.

Dr. Carnevale is a founding member of the Board of Directors of the World Federation of Pediatric Intensive and Critical Care Societies (WFPICCS) and founding member of the Editorial Board of *Pediatric Critical Care Medicine*. He is also a founding member of the McGill Qualitative Health Research Group (MQHRG). Dr. Carnevale's primary research interests include a wide range of concerns in pediatric ethics. Dr. Carnevale is the founder and principal investigator for VOICE (i.e., Views On Interdisciplinary Childhood Ethics); a McGill-based international initiative to advance knowledge and practices relating to ethical concerns in childhood.

Kerry Prosper, Mi'Kmaq Elder & Knowledge-Keeper

Kerry Prosper is the Inaugural Knowledge Keeper at St. Francis Xavier University, Antigonish. He is a respected Mi'kmaq Elder from Paqtnkek First Nations Community, Nova Scotia where he resides. Kerry has been a Band Council Member in Paqtnkek for most of his life and served as Chief for his community in the past. Kerry has a Bachelor of Arts in Anthropology and Aquatic Resources, graduating with an honours degree under the supervision of Dr. Jane MacMillan, Chair of the Anthropology Department. His work is in Traditional Ceremonies and Healing Practices.

Guest Speakers

Linda MacDonald, BN, MEd, RN & Jeanne Sarson, BScN, MEd, RN (retired)

Teckles Photography Inc.

Two nurses from Truro have spent decades advocating for victims of torture, torture that regularly occurs not only in dark prisons within dictatorships, but right here – though usually hidden from sight -- non-State torture (NST) that happens in homes and communities in Canada. We are most grateful that Linda MacDonald and Jeanne Sarson, founders of *Persons Against Non-State Torture [NST]* are able to provide the closing address about moral agency and ethics in professional nursing. They have recently returned from a global conference about women's and human rights in Paris, where they continued advocating for recognition that forms of domestic violence manifest as torture. They share insights gained at the global stage as well as from their practice experiences as nurses. In a recent CBC interview, MacDonald and Sarson explain their activism as taking root, first at the local level, in their independent private nursing practice where they met a woman who disclosed brutal attacks at the hands of family. They recognized that this woman was experiencing a form of victimization that went beyond 'assault/abuse' to torture, and that they did not have the supports or services to address this. The two nurses started researching the problem and building a network that soon included global contacts, and which led to taking part in United Nations sessions since 2004. They state NST takes the form of painful and degrading actions – including being burned, confined, raped, or forced to witness the torture of others. It can include human trafficking, prostitution, and pornographic victimization, and it is more prevalent than most people know. MacDonald and Sarson assert that Canada must follow the lead of countries such as Australia, France, and Germany and list NST within the Criminal Code. Such naming of the problem would create a 'ripple effect' of raising public awareness, public education, and relevant services for survivors of non-State torture.

Claire Betker, RN, MN, PhD, CCHN(c)

I am proud to be a registered nurse. For more than 40 years, I have had the opportunity to promote the health of individuals, families and communities and to make a difference in their lives. I believe all nurses are leaders. It is through our collective voice and action that we support the sustainability of our health system and create communities where people have an opportunity to be healthy. I have had the opportunity to work at a local, regional, provincial and national level. Currently, as the Scientific Director for the National Collaborating Centre for Determinants of Health, our focus is on knowledge translation. Using collaborative methods, we get evidence about how to address the structural and social determinants of health and advance health equity in the hands of decision and policy makers. This is a critical area where nurses can and do play an important leadership role. I believe that professional associations at local, provincial/territorial and national levels provide a valuable opportunity for nurses to advance nursing and the health of people living in Canada. Nurses involvement in nursing specialty groups, provincial/territorial nursing associations and the Canadian Nurses Association provides significant leadership opportunity and contributes to the voice of nurses being heard. See more at: https://www.cna-aiic.ca/en/about-us/our-leadership/president#sthash.QpIOHvGk.dpuf

Christine Rieck Buckley, RN, MSc.A

Christine is the Chief Executive Officer of the Canadian Nurses Foundation (CNF), Canada's only national charity that raises funds exclusively for nursing education and research. She has helped lead this organization for the past five years setting new and innovative goals, including raising one million dollars for indigenous nursing education and research. Prior to CNF, Christine worked with the Canadian Nurses Association, in a number of roles, the most recent being Manager of Regulatory Affairs. Christine has also worked internationally as the chair of the International Council of Nurses, International Nurse Practitioner /Advanced Practice Nurse Network health policy subgroup. Originally from Montreal, Christine completed both her undergraduate and graduate degrees at McGill. Christine has several publications that focused on the role of advance practice nurses nationally and internationally.

Cynthia Baker, RN, PhD

Dr. Cynthia Baker is the Executive Director of the Canadian Association of Schools of Nursing (CASN) and a Professor Emerita of Queen's University in Canada. She is the former Director of Queen's University School of Nursing, and Associate Dean of the Health Science Faculty. Prior to this, she was the Director of l'École de Science Infirmière de l'Université de Moncton. Her educational qualifications include a Bachelor degree from McGill University in Canada, an MPhil in anthropology from the University of London, England, a Master's in Nursing degree from Dalhousie University in Canada, and a PhD from the University of Texas at Austin in the United States.

Dedication to Sister Simone Roach

Sister Marie Simone Roach of the Congregation of the Sisters of Saint Martha, 1922-2016

In this conference about Nursing Ethics, here at St. Francis Xavier University's School of Nursing, we stand upon the shoulders of a giant in nursing education and nursing ethics in Canada: Sister Marie Simone Roach. With admiration, gratitude, affection, and respect, we dedicate this conference to her memory and to her Sisters of Saint Martha.

Sister Simone was a graduate of St. Joseph's Hospital School of Nursing in Glace Bay, and St. Francis Xavier University with a Bachelor of Science in Nursing. After post-graduate study at the University of Toronto, she was assigned to St. Martha's School of Nursing as Director. She later began study at the University of Toronto in hospital administration, which was interrupted when she was assigned to Catherine Laboure School of Nursing at St. John's Hospital, Lowell, Massachusetts. She was one of the pioneers of that mission in 1961. Sister Simone obtained a Master's degree in Nursing at Boston University. Soon after, she was sent to Catholic University of America to pursue a Doctorate in Education with a major in Philosophy. Upon graduation, Sister Simone was appointed Chair of the Department of Nursing at St. FX.   She enrolled as a Post-Doctoral Scholar in Ethics at Harvard Divinity School. She was invited to become Project Director in the Department of Nursing at St. Boniface General Hospital, Manitoba, where she taught Ethics to student nurses and staff.

Sister Simone died in 2016 at the age of 93, leaving her rich scholarship and this School of Nursing here at StFX among her legacies. Until age almost 90, she attended celebrations at St. FX for our nursing graduates, and the Sisters of Saint Martha bequeathed an annual scholarship in her name to an outstanding nursing student.

The Sisters of Saint Martha were pioneers in nursing and health care in eastern Nova Scotia, establishing first a 'cottage hospital' of six beds in 1906, followed by Saint Martha's School of Nursing in 1911, and a 125-bed four-storey St. Martha's Hospital, in 1924. In 1926, the sisters also established the first baccalaureate program in 'the Department of Nursing and Health' at

StFX for RN graduates who were aspiring to careers in public health and nursing education. In the early 1970s, collaboratively with several Sisters of Saint Martha -- notably Sister Peter Claver, Sister Loretta Gillis, Sister Mary MacLeod, and Sister Mary McMahon, who joined her on faculty-- Sister Simone led the four-year integrated BScN program at St. FX and served as its Chairperson from 1970-1979. Sister Clare Marie Lyons and Sister Barbara Muldoon were also instrumental in establishing the four-year nursing program at St. FX. Curricular foundations for this new baccalaureate program included a vision of professional nursing steeped in humanism and a holistic perspective about health, and included -- even at that time -- philosophy, science, emerging nursing theories, world religions, methods of inquiry, and quality practica in clinical and community-based settings.

Sister Simone responded to a request to direct a Code of Ethics Project for the Canadian Nurses Association. The Code she authored was the first to be grounded in clearly articulated ethical values such as honoring dignity; providing safe, compassionate, competent care; being accountable. There have been revisions to The Code since the version Sister Simone authored in the 1980s, but such fundamental values remain as its cornerstone.

Sister Simone refined her work in ethics and nursing through developing a theory of human caring as a 'blueprint for the health professions'; this scholarship was presented nationally and internationally. She asserts that *caring* is the human mode of being; that authentic human caring fosters human freedom in all relationships; involves both spiritual and human consciousness that connects and transforms human life; promotes holistic health. Sister Simone asserts that the human capacity to care is enormous. Her scholarship draws on multi-faith and multicultural care traditions. Sister Simone describes caring as the essence of nursing. Attributes of caring within the health care professions involve 'the six Cs': Compassion, Competence, Conscience, Commitment, Confidence, and Comportment.

Bibliography

Cameron, J. (2000). *And Martha served: History of the Sisters of St. Martha, Antigonish, Nova Scotia*. Halifax, NS: Nimbus Publishing.

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Roach, M.S. (2002). *Caring, the human mode of being*. Ottawa, ON: Canadian Hospital Association Press.

Storch, J.L. (2007). Enduring values in changing times. *Canadian Nurse, 103*(4), 29-37.

Conference Schedule

Time	Event	Location*
1400-1430	Early Registration	Rankin Entrance
1430-1630	Kairos Blanket Exercise (Facilitators: Terena Francis & Susan Wood)	Room S225
1700-1900	Executive Meeting & Supper (for Executive Members)	Room C275
1900-2100	Wine & Cheese (All Welcome)	Gabrieau's Bistro (350 Main Street)

FRIDAY, JUNE 14th

Time	Event	Location*
0800-0830	Registration & Coffee/Tea	Rankin Entrance Lobby
0830-0835	General Announcements (Marion Alex)	Room S225
0835-0840	Conference Welcome (Dr. Mike Melchin, Interim Dean of Science, St. Francis Xavier University)	Room S225
0840-0855	Dedication to the Legacy of Sister Simone Roach & the Sisters of St. Martha (Marie Arnott & Marion Alex)	Room S225
0855-0900	Introduction to Keynote Speaker (Jacqueline van Wijlen)	Room S225
0900-1030	Keynote Address & Discussion: *Recognizing nurses as moral agents: New directions in nursing ethics* (Dr. Franco Carnevale)	Room S225
1030-1100	Coffee, Tea & Light Refreshments	Room S225
1100-1230	Concurrent Sessions A (Moderators: Dr. Joanne Whitty-Rogers & Michelle MacNeil)	Room M147 & Room S225
1230-1330	Lunch & AGM (1245-1330h)	Room M247
1330-1500	Concurrent Sessions B (Moderators: Susan Wood & Denise Delorey)	Room M147 & Room S225
1500-1530	Coffee, Tea & Light Refreshments and Poster Presentations	Lobby Outside S225
1530-1700	Concurrent Sessions C (Moderators: Dr. Patti Hansen-Ketchum, Daphne Connolly & Sionnach Lukeman)	Room M147 Room M247 Room S225
1830	Dinner Meet-Up at Local Restaurant (dinner to start at 1900h)	Meet in Rankin Lobby; Dinner at the Main Street Café (located at the Maritime Inn, 158 Main Street)

SATURDAY, JUNE 15th

Time	Event	Location*
0830-0840	General Announcements (Marion Alex) & Introduction to Keynote Speaker (Dr. Joanne Whitty-Rogers); Coffee & Tea Available	Room S225
0840-0925	Keynote Address & Discussion (Kerry Prosper, Mi'Kmaq Elder & Knowledge-Keeper)	Room S225
0925-1030	Guest Speaker Panel (Introduced by Dr. Joanne Whitty-Rogers): Cynthia Baker (Canadian Association of Schools of Nursing) Christine Rieck Buckley (Canadian Nurses' Foundation) Dr. Claire Betker (Canadian Nurses' Association)	Room S225
1030-1100	Coffee, Tea & Light Refreshments and Poster Presentations	Lobby Outside S225
1100-1130	Concurrent Sessions D (Moderators: Marie Arnott & Denise Delorey)	Room M147 & Room S225
1130-1230	Closing Speakers (Introduced by Wendy Panagopoulos): Jeanne Sarson & Linda MacDonald (*Speaking on Persons Against Non-State Torture*)	Room S225
1230-1300	Farewell Wrap-Up & Door Prizes	Room S225
1300	Lunch	The Waffle Bus Stop (Adjacent to Campus; Vouchers Provided in Conference Bag)

* *Please Note:* All conference events will be located in rooms/spaces in the Rankin School of Nursing building unless otherwise specified.

Concurrent Session Program

Concurrent Sessions A (Friday, June 14, 2019 from 11:00 – 12:30h)

In Room S225 [Practice] (Moderator: Dr. Joanne Whitty-Rogers)
- *Critical social justice: The moral imperative for critical perspectives in nursing* (Dr. Elizabeth McGibbon and Sionnach Lukeman)
- *Caring science as an approach to addressing and mitigating moral distress: Applicability to new graduate and student nurses* (Jacqueline van Wijlen)
- *Moral compassing: A model explaining how community health nurses manage ethical conflicts* (Dr. Alice Gaudine, Dr. Caroline Porr & Joanne Smith-Young)

In Room M147 [Practice] (Moderator: Michelle MacNeil)
- *"The waiting game': Choosing a qualitative research design in contemporary academic research* (Dr. Suzanne Harrison)
- *Highlighting medication safety: Is your patient receiving the correct dose? The overlooked impact of under-dosing intravenous medications due to administration technique* (Renée Gordon & Catherine Simpson)
- *First, do no harm! Ethical analysis of under staffing* (Dr. Kathryn Weaver, Claudette Manhue, Madalene Osei & Melanie Richard)

Concurrent Sessions B (Friday, June 14, 2019 from 13:30 – 15:00h)

In Room S225 [Community Health]   (Moderator: Susan Wood)
- *Public health leadership to advance health equity: A scoping review & metasummary* (Dr. Claire Betker)
- *Exploring health promotion tools through an advocacy lens* (Dr. Audrey Walsh & Janet Kuhnke)
- *Nature matters: Nature-based health promotion and ecological citizenship* (Dr. Patti Hansen-Ketchum)

In Room M147 [Education] (Moderator: Denise Delorey)
- *Investigating student experiences of incivility at clinical placements: An ethical imperative* (Peggy Hancock, Christine MacDonald, Daphne Kennedy, Dr. Sandra MacDonald & Dr. Kathy Watkins)
- *Relational comportment as a framework: Dissecting caring/uncaring and ethical/unethical ways of being* (Dr. Colleen Maykut)
- *Predictors of success in the nursing licensure exam* (Dr. Rose McCluskey & Dr. Lisa Keeping-Burke).

Concurrent Sessions C (Friday, June 14, 2019 from 15:30 – 17:00h)

In Room S225 [Education]   (Moderator: Dr. Patti Hansen-Ketchum)
- *Mitigating stress through teaching strategies: Views of nursing students* (Susan Wood)
- *Bringing everyday ethical issues in nursing practice to life in the classroom setting* (Jackie Hartigan-Rogers, Joanne Newell & Melanie Deveau)
- *Clinical placements in long-term care facilities: A systematic* review (Dr. Rose McCluskey & Dr. Lisa Keeping-Burke).

In Room M147 [Practice] (Moderator: Daphne Connolly)
- *Health* care *ethics: The legacy of Sister Simone Roach* (Marion Alex & Marie Arnott)
- *Ethical quest for nurses* (Dr. Kathryn Weaver)

In Room M247 [Practice] (Moderator: Sionnach Lukeman)
- *Registered Nurse preference for casual employment: Ethical implications* (Dr. Dawn Pittman, Peggy Colbourne, Michelle Earle-Crane & Andrea Barron)
- *Illicit drug use and violence in acute care medical-surgical settings: Exploring nurses' experiences* (Glenys Moran, Marlene Browne, Lori Robbins & Tonya Hiscock)

Concurrent Sessions D (Saturday, June 15, 2019 from 11:00 – 11:30h)

In Room S225 [Education]   (Moderator: Denise Delorey)
- *Student nurse ethical sensitivity in clinical practice settings* (Dr. Kathryn Weaver)

In Room M147 [Practice] (Moderator: Marie Arnott)
- *Workplace bullying and moral distress: How to build moral resilience in nursing practice* (Nancy Connor)

Posters (Friday, June 14ᵗʰ & Saturday, June 15ᵗʰ – *See Conference Schedule for Times*)

- *What's going on here? This isn't right! An exploration of the ethical conflicts experienced by community health nurses* (Dr. Caroline Porr, Dr. Alice Gaudine & Joanne Smith Young)
- *The art & science of teaching psychomotor skills* (Karen Ursel)
- *A phenomenological study: Community health worker experiences with people who use drugs* (Kimberly Wilbur)
- *A Middle Eastern study on family assessment: An innovative strategy to build interprofessional knowledge of nursing and medical students within a simulated environment* (Dr. Debbie Sheppard-LeMoine)

Oral Presentation & Poster Abstracts

<u>PRESENTATIONS</u>

Nursing Education

Investigating student experiences of incivility at clinical placements: An ethical imperative
(Peggy Hancock, Christine MacDonald, Daphne Kennedy, Dr. Sandra MacDonald & Dr. Kathy Watkins)

Background. Western Regional School of Nursing, Memorial University Faculty of Nursing, and the Centre for Nursing Studies offer the BN (Collaborative) Program in Newfoundland and Labrador. BN students have anecdotally reported experiences of incivility from various sources during their clinical placements. It has been widely recognized that incivility can have detrimental effects for students, who are recognized as a potentially vulnerable group in clinical placement settings. The researchers recognize an ethical imperative to further investigate this issue related to workplace culture.

Purpose. The researchers will present an overview of a mixed-methods study which seeks to explore and describe an ethical issue, namely incivility toward BN students in clinical settings. The researchers also aim to gather feedback on their adapted survey from nurse educators to establish external content validity.

Approach. The literature was reviewed and a definition of incivility was adopted. The investigators determined that there is limited knowledge related to students' experiences with incivility in clinical settings. The researchers adapted a questionnaire in which they seek to discover: how nursing students have experienced incivility in
clinical practice; the sources and causes of incivility; the impact on their feelings and emotions; coping methods; and their awareness of policies related to incivility. Focus groups will provide additional qualitative data.

Conclusion. The researchers aim to gather relevant data to inform related educational initiatives and policies related to clinical nursing practice and workplace culture.

Bringing everyday ethical issues in nursing practice to life in the classroom setting
(Jackie Hartigan-Rogers, Joanne Newell & Melanie Deveau)

Background. The formation of everyday ethical comportment is an essential component of nursing education. Ethics education provides a vital foundation for addressing ethical questions that arise in the nurse-patient relationship. Ethical questions often include concerns surrounding truth-telling, informed consent, conflict about treatment goals, inequities in access to health care and protecting the rights and wellbeing of patients and families in health care decision making.

Purpose. This presentation will share how ethical and legal concepts have been integrated within a nursing curriculum with the intent of bringing everyday ethical issues to life for students.

Approach. Examples of active learning strategies (case studies, ethical decision making model, student-led group debates) that were applied in the classroom will be shared.

Results & Conclusion. Analysis of active learning strategies that worked well, areas for improvement and future strategies will be discussed.

Relational comportment as a framework:
Dissecting caring/uncaring and ethical/unethical ways of being
(Dr. Colleen Maykut)

Background: Maykut and Wild (in press) proposed the "entanglement" across the continuum of caring/uncaring with ethical/unethical to create synergy but more importantly to enhance the *ontological being* of a nurse as proposed by Sister Simone Roach. This entanglement, as non-binary with limitless expressions and interpretations, was conceptualized as *Relational Comportment (RC)*. This conceptualization provides a dialectical space of becoming and being and is vital in the formation of a Caring nurse.

Purpose: The Discipline of Nursing has embraced the importance of humanistic care focusing on well-being and the formation of a just society. Caring is conveyed when we are in relationship. Caring in nursing, as the congruent actualization of the 6Cs, provides intention to influence as opposed to privilege for this sacred relationship.

Approach: A literature review of both nursing ethics and the Science of Caring provided an opportunity to understand all situated possibilities of RC. This is turn provides direction for nursing education and may inform clinical practice.

Results & Conclusion: RC contextualizes caring through our shared narratives, while understanding the complexity of external factors. Nursing students must explore and contemplate the layered nuances of nursing. As educators we speak of caring and relational as outcomes, tangible expressions of what it means to be human. However, we must step back and recognize the struggle to "be caring" and to "be relational" for students. As a loving humanistic expression, RC, is about compassion for self and others, ethical responsibility, and intentionality to embody exceptional nursing care.

Clinical placements in long-term care facilities: A systematic review
(Dr. Rose McCloskey & Dr. Lisa Keeping-Burke)

Background. Nursing education programs play a key role in preparing future nurses to care for the growing number of older adults who will require health care. A key component of this preparation involves ensuring curricula are designed to optimize student learning through carefully designed clinical learning practice experiences. Long-term care facilities provide students with opportunities to work exclusively with older adults. The literature highlight both benefits and concerns related to clinical placements in these settings.

Purpose. This systematic review synthesized the best available evidence on nursing student experiences with clinical placement in long-term care facilities.

Approach. The Joanna Briggs Institute for Systematic Reviews methodology was used for this review.

Results. Fourteen qualitative studies published between 2003-2018 were included. A total of 53 findings were extracted and aggregated into seven categories. From the seven categories, two synthesized findings were developed: i) the evolution of learning, and ii) embracing opportunity.

Conclusion. The findings highlight the importance of students entering the setting with knowledge of how to care for older adults and being able to respond to challenging resident behaviour. Equally important is the need for students to understand the roles and contributions of all care staff in the setting, including nurses and unregulated care providers. While long-term care facilities can at times be a challenging learning environment for students, they also offer opportunities for student growth and professional development, especially when there are clearly articulated learning outcomes and appropriate role models available.

Predictors of success in the nursing licensure exam
(Dr. Rose McCloskey & Dr. Lisa Keeping-Burke)

Background. Nursing faculty across the country have invested considerable effort into understanding the NCLEX-RN® so they could help to prepare students to be successful in the exam. Despite rigorous curricula, quality educators, and committed students, nursing programs can experience unfavourable results in the licensure exam.

Purpose. To identify factors predictive of NCLEX-RN success in students who graduated from three nursing programs in one Canadian province.

Approach. A retrospective study was conducted on academic transcripts and NCLEX-RN results from graduates over a two-year period.

Results. Findings revealed the strongest predictors of success were a GPA of > 3.5 and course grade in select courses.

Conclusion. The predictive value of specific nursing program courses course as well as maintaining a program GPA > 3.5, can help faculty to appreciate the importance of non-acute care content in preparing students for licensure.

Mitigating stress through teaching strategies: Views of nursing students
(Susan Wood)

Background. The phenomena of perceived stress by undergraduate nursing students has been well documented within the past ten years, yet little research has been conducted to address the impact of stress as a potential barrier to learning, particularly in the field of nurse education.

Purpose. The purpose of this study was to gain a better understanding into what undergraduate nursing students perceive as stressors while in the teaching and learning environment. In addition, what adult teaching strategies were most helpful in creating conditions to minimize their stress, while increasing their capacity to cope with real or perceived stressors.

Approach. Purposive sampling was carried out on senior year nursing students, who were completing their first undergraduate degree in a traditional four-year program in a Canadian university. A basic qualitative design was used to help gain a deeper understanding into the participants lived experience. Using an appreciative inquiry approach, one-on-one individual semi-structured interviews took place with five participants.

Results. Following thematic analysis two main themes emerged from the data to create the framework, as articulated by the participants in the study: (1) barriers to learning in the nursing program; and (2) enabling factors that mitigated stress and supported learning.

Conclusion. Left unmitigated, stress has the potential to become a barrier for the nursing student, which in turn will work against effective learning. Educators face an ethical challenge to implement teaching methods to support nursing students and mitigate their real or perceived stress.

Ethical quest for nurses
(Dr. Kathryn Weaver)

Background. Continuous changes in the health care system, in areas such as technology and organizational values, contribute to ethical challenges in the workplace for nurses. Nurses with less years of experience encounter ethical issues more frequently and experience higher levels of stress. Students may have difficulty recognizing and analyzing ethical dilemmas due to the ambiguity and uncertainty within practice situations and to discomfort in talking about deeply held values that shape their personal sense of ethics. There is a need for ethical support to nurses in practice and for educational tools that help foster ethical work environments.

Purpose. "Ethical Quest for Student Nurses" is a state-of-the-art, modifiable classroom game designed for use in nursing education to help students learn ethical concepts and pathways for choosing plans of action to address ethical issues.

Approach. The game is operated through standard audiovisual classroom technology and has the built-in feature of randomly selected questions from a bank of approximately 350 questions that were developed from the 2017 CNA Code of Ethics for Registered Nurses, the 2014 Tri-Council Policy Statement for Ethical Conduct in Research with Humans, CNA position statements, and relevant bioethics and nursing literature.

Activity. Working individually or in teams, conference attendees will be invited to interact with the game's ethical concepts, issues, and dilemmas.

Conclusion. The intended outcomes of knowledge acquisition and learner engagement, with opportunities to discuss beliefs and values, help prepare student nurses to work through and prevent ethical distress.

Student nurse ethical sensitivity in clinical practice settings
(Dr. Kathryn Weaver)

Background. Nurses learn about the code for professional conduct during their education; however, they encounter tensions between what has been taught to them and realities in their practice environments. Unfortunately, ethics education within nursing programs often lacks core content and a systematic approach, and the healthcare environment has shown only superficial attention to ethical problems nurses face. For nursing to thrive as a profession, there is a need to comprehensively understand and support nurses' capacity to recognize and respond to ethical issues.

Purpose. To explore the development of nursing students' ethical sensitivity (ES) within their clinical experiences.

Approach. A mixed-methods survey using a standardized ES Questionnaire and nine semi-structured narrative questions was designed to explore the ethical decision-making experiences of nursing students and meanings they draw from these experiences.

Results. Forty-seven nursing students from three programs and campuses completed the online survey. The resulting baseline measure of ES is similar to results reported internationally, with no significant differences in levels of ES across programs. An increase in ES development between Undergraduate/Advanced Standing to Master level programs is suggested. The nursing students' stories convey threats to client autonomy and safety, unethical student treatment, and workplace power differentials. The moral residue of shame and guilt is apparent.

Conclusion. In addition to ethics training, developing student nurse ES in the clinical field requires time for reflection, opportunities for open discussion with relevant stakeholders who include clients and families, and support from nursing and team leaders.

Nursing Practice

Health **care** *ethics: The legacy of Sister Simone Roach*
(Marion Alex & Marie Arnott)

Background. Pioneer of baccalaureate nursing education at St. FX University, original author of the CNA Code of Ethics, recipient of the Order of Canada, and internationally-recognized nurse philosopher, Sister Simone Roach's scholarship offers a framework to articulate 'what a nurse does when s/he is caring'. Through scholarship characterized by a deep understanding of philosophy, multi-faith and multicultural traditions, and of the human condition itself, Sister Simone exquisitely describes *care* as a composite of compassion, competence, conscience, commitment, confidence, and comportment.

Purpose. Some nurses may lament that *'care'* in invisible, impossible to measure, and at risk of being considered irrelevant within dominant bureaucratic frameworks that value 'cost-containment', 'efficiency', and 'McDonaldization' of nursing. Yet Sister Simone asserts that it is *care* that is foundational, fundamental, cherished by patients and families, and that *caring*, as the essential core of nursing, must be protected from anti-caring forces.

Approach. In this presentation, we plan to discuss some 'pearls' of Sister Simone's philosophy. We plan to provide examples of how her scholarship provides framework for contemporary situations as diverse as, for example, the United Kingdom National Health Service's efforts to reclaim compassion as foundational to nursing and midwifery; forensic nursing interviews with child survivors of sexual abuse; palliative cancer care; and nursing education.

Conclusion. The dissonance that arises from the expectation to provide holistic care within reductionistic and fragmented health and education systems is at the root of much moral distress among nurses. Sister Simone implored nursing leaders to recognize this politico-philosophical reality and "preserve the heart and soul of nursing". Her rich philosophical scholarship enables nurses to claim holistic *care* as ethically essential.

Workplace bullying and moral distress: How to build moral resilience in nursing practice
(Nancy Connor)

Background. Workplace bullying is a worldwide phenomenon that has gained considerable attention in the last decade. This issue has been present in nursing for so long it is has become ingrained in our culture. Bullying behaviours can be as obvious as overt hostile actions or more subtle with ostracism tactics. Many nurses experience frequent negative workplace interactions but do not consider themselves victims of bullying. Repeated exposure to bullying behaviours impacts job satisfaction, work performance, physical and mental health. It can also contribute to a feeling of being trapped and a sense of powerlessness which if left unchecked can lead to a form of moral distress. This distress occurs when the person is not able to do the "right" thing due to organizational or social pressures.

Purpose. To highlight the different styles of workplace bullying and how to develop and foster moral resilience in nursing practice to cope with the moral distress bullying brings

Approach. Using case examples, how moral distress evolves will be discussed

Results & Conclusion. Recognizing the signs of moral distress earlier and engaging in moral resilience strategies can help build self-confidence to confront the bullying behaviour rather than succumbing to it.

Highlighting medication safety: Is your patient receiving the correct dose? The overlooked impact of under-dosing intravenous medications due to administration technique
(Renée Gordon & Catherine Simpson)

Background. Infusion line dead space is a common, yet frequently overlooked, issue in clinical practice contributing to the incomplete administration of intermittent intravenous (IV) infusion medications. Current data suggests up to 40% of medication remains in the IV tubing causing either an under-dosing, if IV lines are subsequently replaced, or incomplete-dosing and risk of infusing degraded product if IV lines are reused at a later time. This practice leads to therapy failure resulting in a wide range of negative consequences from relapse - when chemotherapy is under-dosed, to antimicrobial resistance - when antibiotics are under-dosed.

Purpose. Highlight this under-recognized clinical practice issue in the context of ethical practice, patient safety and implications for nursing education.

Approach. The presentation will focus on ethical implications of this practice issue for nurse educators. Content was derived from a preliminary literature review conducted to lay the foundation for a Joanna Briggs Institute scoping review on IV medication administration best practices; protocol currently under development.

Conclusion. This problem is a largely unrecognized global nursing practice issue with wide reaching ethical implications.

"The waiting game": Choosing a qualitative research design in contemporary academic research
(Dr. Suzanne Harrison)

Background. Phenomenology or ethnography? Grounded or Feminist theory? Descriptive or Narrative Approaches? How do you know what qualitative design to choose? Does your choice affect ethical considerations? Is your choice based on what you want to study, how you want to study it, or the size of your budget? Sometimes the answer to all these questions is YES. While you might think that only undergraduate and graduate students have to make the BIG decisions, research design questions also apply to veteran academics.

Purpose. This presentation features an interactive experience where small working groups discuss the most appropriate qualitative research design for a fictional project. "The Waiting Game" is centered on key concepts such as resiliency, cancer diagnosis, and women in modern society.

Approach. After small group discussions, participants will share which research design they believe is most appropriate and why based on the design choice cards provided to them. They will also reflect on if the choice of design affects any ethical considerations. The presenter will end the session by sharing the concrete plans for an actual, proposed study based on the research question outlined in the fictional Waiting Game.

Anticipated Outcomes. The goal of the presentation is to help participants actively and collaboratively reflect on the different qualitative designs and how to go about finding the right academic fit for specific research projects.

Critical social justice: The moral imperative for critical perspectives in nursing
(Dr. Elizabeth McGibbon & Sionnach Lukeman)

Background. There is increasing urgency to enact critical perspectives in the profession of nursing, with a resurgence of the political, a deliberative focus on social change, and a growing uneasiness with remaining neutral in the face of such pressing need. This analysis starts with a brief overview of critical perspectives, underscoring nursing's complex positioning at the interface of witnessing peoples' suffering, and the structural change necessary to address its root causes. Although witnessing may imply watching, or even bystanding, here it refers to historical and cultural meanings of witnessing as standing alongside in solidarity and action throughout the struggle for justice—bearing witness as a moral and a political obligation.

Purpose & Approach. The purpose of this discussion is to raise key points regarding nursing's moral imperative to integrate critical perspectives in leadership, education, research, and practice. Our intention is not to provide an analysis of the moral contexts of nursing, but rather to situate critical perspectives within the moral territory of social change, synthesizing key ideas that have direct salience for critical social justice in nursing.

Results & Conclusion. Throughout the discussion, we draw upon the work of nurse ethicists to provide important links about enacting critical perspectives as part of the moral foundation of nursing. We conclude with pathways for cultivating and enacting a critical gaze, and a call for moral courage to systematically integrate critical perspectives in nursing.

Illicit drug use and violence in acute care medical-surgical settings: Exploring nurses' experiences
(Glenys Moran, Marlene Browne, Lori Robbins & Tonya Hiscock)

Background. Workplace violence is a significant problem, with healthcare professionals at the highest risk. In Newfoundland and Labrador (NL), assaults and violent acts within the healthcare and social service industries increased by more than 104% between 2011 and 2015; 58.8% of those affected were healthcare providers. One of the causes of workplace violence in healthcare is dealing with people who use illicit drugs. Recently, there has been much publicity about the increasing number of patients being cared for in hospital who are illicit drug users; potentially increasing the risk of violence. Although there is an abundance of literature related to workplace violence in healthcare, most research has been directed at quantifying and describing the problem, primarily in mental health and emergency settings. Minimal research has been conducted exploring workplace violence on other acute care units.

Purpose. The purpose of the study was to explore nurses' experiences of workplace violence when caring for patients on medical-surgical inpatient units who are illicit drug users.

Approach. A qualitative exploratory study was conducted. Data was collected via focus groups/interviews with registered nurses and licensed practical nurses working on medical-surgical units at two city hospitals in NL.

Results. Data were interpreted and relational themes emerged. Themes will be discussed highlighting participants' experiences with, and knowledge of, workplace violence. As well, participants' recommendations to manage violence and support nurses will be described.

Conclusion. Findings of this study will inform nursing practice and facilitate policy development for all domains of nursing with the goal of ensuring safe workplaces for all.

Registered Nurse preference for casual employment: Ethical implications
(Dr. Dawn Pittman, Peggy Colbourne, Michelle Earle-Crane & Andrea Barron)

Background. While the number of Registered Nurses (RNs) with casual employment status has remained consistent nationally, it has increased within the province of Newfoundland and Labrador (NL). The 2017 Registered Nurse Workforce Model Report NL, highlights that there has been a 78% increase in the number of RNs employed in casual positions within the Regional Health Authorities (RHAs) since 2007-2008, with the most recent statistics indicating that 56% of casual RNs prefer this employment status. The literature highlights the impact of casualization on patient outcomes, the RN, the nursing profession, and the healthcare system. The social, cultural and political forces driving this shift of casualization of the RN workforce has impacted the moral culture of nursing practice.

Purpose. The purpose of the study was to explore factors influencing RNs' desire for casual employment and incentives for permanent status within NL. Utilizing interpretive description methodology, knowledge was gained from casual nurses to inform the professional practice of nursing (Thorne, 2016). Casual RNs preferring casual employment, from the four provincial RHA's, participated in focus groups or semi-structured interviews.

Results. Data were interpreted and relational themes emerged. Themes will be discussed, highlighting the contextual and environmental influences that contributed to the participants' desire for casual employment as well as their perspective on permanent status. Throughout this presentation we will discuss the ethical implications of RN's preference for casual employment.

Conclusion. The findings of this study will inform nursing practice as well as organizational and health care policy development to ensure adequate RN staffing and efficient high quality patient care. Consideration of the ethical implications of the study findings will foster an understanding of the moral climate within the context of nurses' work environments.

First, do no harm! Ethical analysis of under staffing
(Dr. Kathryn Weaver, Claudette Manhue, Madalene Osei & Melanie Richard)

Background. Ensuring adequate staffing levels reduces medication errors, patient complications, and nurse burnout; moreover, it improves job satisfaction and retention. We will present the real-life situation of a 61-year-old woman admitted to an understaffed medical center with a diagnosis of pneumonia. Following admission, she became feverish and short of breath; however, her condition went unnoticed by her overworked nurse. When the woman stopped breathing, someone responded to the family's calls for help. The woman was resuscitated, but left unable to walk, talk, or care for herself as a result of oxygen deprivation.

Purpose. To explore salient ethical aspects of this situation and generate recommendations.

Approach. We will apply principles associated with utilitarianism, deontology, social contract theory, and feminist ethics.

Results. Staffing to ensure safe patient care considers caregiver preparation, experience, and fatigue as well as patient acuity. In analyzing the situation through various ethical lenses, we identified complementary perspectives, which together provide a fuller understanding. To illustrate, the utilitarian principle of doing the greatest good for the greatest number overrules the decision to advocate for the sickest patient. Deontology highlights the nurse's duty to care for the patient, while Social Contract Theory examines the institution's obligation to provide essential medical care to all patients. Feminist viewpoints uncover socio-political forces that

influenced safety including who was responsible for the staffing shortage and the level of oppression under which the overworked RN attempted to care for the patient.

Conclusion. There is no acceptable ethical reason that excuses unsafe staffing.

Caring Science as an approach to addressing & mitigating moral distress: Applicability to new graduate and student nurses
(Jacqueline van Wijlen)

Background. Moral distress has been shown to have a profound impact on nurses, the clients under their care and the health systems in which they interact. Exploration of this phenomenon constitutes a growing area of scholarly discourse, in nursing and health care more broadly. Nurses experiencing repeat encounters with morally distressing situations are suffering, and consequently, many are leaving their professional roles altogether. The impacts of ongoing moral distress has been shown to be particularly detrimental to new graduate nurses who are in the early stages of their careers. This is particularly relevant given the growing shortage of nurses, both in Canada and internationally.

Purpose. This presentation aims to examine the relevance of Watson's Caring Science as a framework for nursing practice and education in order to mitigate and address moral distress amongst nurses and nursing students.

Approach. Drawing on Watson's theory on Human Caring/Caring Science, we will explore its applicability to nursing curricula and practice, focusing more specifically on its relevance for new graduate nurses experiencing burnout as well as in preparing student nurses for future professional practice.

Results & Conclusion. Caring Science offers the potential to foster the creation of healing environments for clients and caregivers as well as to enrich self-care practices that may ultimately prevent moral distress and burnout amongst nurses. Emphasizing and modeling the importance of self-care practices as integral to the profession of nursing is paramount in shaping nursing graduates capable of surviving and ultimately thriving in diverse areas of nursing practice and research.

Community Health

Public health leadership to advance health equity: A scoping review & metasummary
(Dr. Claire Betker)

Background. While public health leadership is identified as essential to advance health equity, there is limited evidence to guide it. Research evidence to guide public health leadership is in its infancy, difficult to locate and diverse in its use of research methods and designs.

Purpose. An extensive scoping review of the literature was guided by the research question *"What aspects of public health leadership to advance health equity have been considered by research?"* A subsequent metasummary was designed to answer: (1) How is leadership (and leaders) described in the literature set at an individual, organizational, community, and system level? and (2) What is the relationship between leadership and the outcomes?

Approach. The scoping review methodology was based on Arksey and O'Malley's (2005) six-phase framework. Systematic and rigorous selection processes were used. Data extraction and analysis iteratively revealed factors that contribute to public health leadership at multiple levels. The findings were validated and augmented using an online survey of select Canadian public

health leaders. The metasummary method extracted data elements and derived five statements that illuminate unique aspects of public health leadership.

Results & Conclusion. Findings include that the attributes of public health leaders matter, relationships are central, and multiple types of knowledge are required. Public health leadership to advance health equity occurs at multiple systems levels simultaneously, includes a bridging role between system levels, and is grounded in values of social justice, equity, and solidarity. The findings, including the "hiddenness" of the evidence base are useful for policy, practice, education, research and theory development.

Moral compassing: A model explaining how community health nurses manage ethical conflicts
(Dr. Alice Gaudine, Dr. Caroline Porr & Joanne Smith-Young)

Background. Provincial and territorial governments are responding to Canada's rapidly aging population, early patient discharge, higher prevalence of chronic disease and escalating costs of hospitalization through policy frameworks that strengthen supports for home and community care. Overlooked are supports for community health nurses who are mandated to meet the growing and complex demands of community-based care delivery.

Purpose. We discovered during our study of the day to day practice issues facing community health nurses that they require support to address ethical dilemmas, to make the right ethical decisions. Participants included 24 community health nurses (11 home care nurses and 13 public health nurses) who ranged in age from 23 years to 57 years. Participants represented a wide range of community-based care experiences (from 1 year to 30 years of experience).

Approach. By using grounded theory methodology we explored how community health nurses address and manage ethical dilemmas.

Results. The core concern, we learned, is determining if an actual ethical conflict exists that warrants action. Moral Compassing emerged as the theoretical model to explain how community health nurses resolve this main concern and attain the moral agency necessary to decide to act or to decide not to act. Moral Compassing consists of five sub-processes: *undergoing a visceral reaction*, *voicing*, *seeking validation*, *routing*, and *mobilizing support for action or inaction*. We also discovered that some community health nurses may experience continuing distress that we identified as *moral residue*.

Conclusion. In addition to a fulsome description of our model, we include in this presentation recommended supports and resources that may assist community health nurses to navigate ethical decision making.

Nature matters: Nature-based health promotion and ecological citizenship
(Dr. Patti Hansen-Ketchum)

Background. Nature-based health promotion is an integrative approach to human and environmental health that unites people with the natural world in diverse ways. Health, framed in this context, is generated through individual, collective, and ecologically sound practices that are simultaneously 'good' for people, and 'good' for the planet. Although human communities are often socially defined, they are fundamentally comprised of relationships among people and natural ecosystems, interconnected through local and global contexts.

Purpose. System level work in addressing social determinants of health is strengthened by the notion that 'nature matters'. Fostering connections between citizens and nature is critical for

equitable, healthy living conditions. This presentation will offer a synopsis of a study on nature-based health promotion with a particular focus on phase one, examining community members' experiences in local outdoor places, juxtaposed with the literature.

Approach. This community-based participatory study was informed by critical realism, socio-ecological thinking, and principles of ecological restoration. Using research to examine the local experiences of citizens, practitioners, and decision-makers from multiple sectors is commensurate with re-positioning science as a tool of dialogue, understanding, and local change.

Results & Conclusion. The findings offer insight into central constructs of nature-based health promotion and raise vital questions about restorative experiences and ecological citizenship in local settings. Access to nature as a health resource, opportunities for ecological citizenship, and communal efforts for community-based change are undercurrents to creating just, inclusive, healthy communities.

Exploring health promotion tools through an advocacy lens
(Dr. Audrey Walsh & Janet Kuhnke)

Background. Many tools are used to promote health for clients living with chronic diseases. Some of these tools are more traditional such as health promotion and health maintenance pamphlets related to specific illnesses. Other tools are more contemporary and include devices such as mobile eHealth Applications. Important criteria for any health related tool is that it promote optimal health, it is accessible, and it consider and respect a client's ability to participate in her or his own care.

Purpose. To explore health promotion tools used by clients in their communities through a patient advocacy lens.

Approach. This presentation briefly describes three research projects that examined three different tools used to promote health in our communities. Results demonstrate that tools need to be examined regularly to ensure that they meet client needs.

Conclusion. Research in this area can help to provide clients with a voice to improve the tools that they use and subsequently to improve their health. Nurse researchers can be health advocates by critically examining the health promotion tools used by clients in our communities.

POSTERS

What's going on here? *This isn't right*! An exploration of the ethical conflicts experienced by community health nurses
(Dr. Caroline Porr, Dr. Alice Gaudine & Joanne Smith Young)

Background. Community health nurses often confront ethical issues in practice especially in light of constant health care restructuring and fiscal constraints. Despite the fact unresolved ethical conflicts can adversely impact their work-life conditions, health and well-being, and, ultimately quality of care delivery, there is little research on ethical conflicts experienced by nurses in community-based care settings.

Purpose. This project is situated within, and contributes to, a larger grounded theory study that explored clinical ethics committees and ethical conflicts in community-based care. The purpose of this project was to gain an in-depth understanding of the ethical conflicts.

Approach. By employing a qualitative exploratory research design and generic content analysis we examined the types of ethical issues confronting 29 community health nurses (14 home care nurses and 17 public health nurses).

Results. Illustrated in this poster presentation are 10 distinct types of ethical conflicts, some of which include wanting to preserve the nurse-mother relationship yet needing to report child safety concerns to child protection; screening for child developmental delay when wait times for services are 12, 14 or 16 months; advocating for client autonomy even when clients are making poor choices; coping with inequities in services between urban and rural settings; and dealing with clients and family members who resist self-management responsibilities.

Conclusion. Details of the issue and context, accompany the illustration and description of each ethical conflict that we identified in our project. We also put forth implications for community health nursing practice, undergraduate education, administrative policies and future research.

The art & science of teaching psychomotor skills
(Karen Ursel)

Background. Designing learning activities to teach psychomotor skills through the lens of human becoming theory requires deep reflection on the principles of: structuring meaning, configuring rhythmical patterns, and co-transcending with possibles to bridge the theory-to-practice gap. Psychomotor skills are not simple step-by-step procedures to be taught and applied in a uniform fashion. Teaching psychomotor skills presents an ongoing challenge to the provision of safe, competent and compassionate care tailored to the client's unique experience.

Purpose. A variety of teaching approaches and strategies have been identified, but few use a theoretical framework to guide the design of the teaching-learning activities to guide the development of these skills. Benner, Stuphen, Leonard, & Day (2010) identified that there is a significant and persistent gap between nursing education and nursing practice.

Approach. The human becoming ontology and teaching-learning model were utilized in the research, design, and presentation of the teaching-learning activities to encompass the science and performing art of nursing.

Results & Conclusion. A variety of teaching-learning activities provided a balance of experiential learning with classroom learning and enriched the reflections on application to messiness of real life situations. The need to nurture students' capacity to understand, adapt, and apply concepts in the development of professional competencies, critical thinking, clinical reasoning and clinical wisdom remains the challenge when minding the gap of theory-to-practice. Utilizing a theoretical approach in the research, design and delivery of teaching-learning activities was valued as we worked to close the gaps in the satin weave of learning.

A Middle Eastern study on family assessment: An innovative strategy to build interprofessional knowledge of nursing and medical students within a simulated environment
(Dr. Debbie Sheppard-LeMoine)

Background. A qualitative, exploratory research study was completed in November 2017 in Doha, Qatar that brought together 10 medical and 6 nursing students in a shared simulated learning environment. Case based, family assessment guided the nursing and medical students' learning who together implemented family interviews.

Purpose. Build a deeper understanding of how simulated IPE learning supports family assessment learning between medical and nursing students.

Approach. Pre-and post-self-reflections and a focus group with the student participants within a simulated family assessment environment provided the data for qualitative, thematic analysis.

Results. Preliminary study findings uncovered themes that represent a deeper understanding of nursing and medical student's interprofessional simulated learning. This learning foundation provides an educational strategy that builds capacity for nursing and medical students in their work within family assessment throughout all ages of development.

Conclusion. Family assessment is foundational in building relationships between nurses, doctors and families that support the health of patients and their families throughout all ages. This study uncovered a deeper understanding of the experiences and needs of nursing and medical students in the Middle East that will support their development as health care professionals to build their understanding family assessment throughout all ages.

**A phenomenological study: Community health worker
experiences with people who use drugs**
(Kimberly Wilbur)

Background. As a relatively unrecognized grass roots and non-profit workforce, Community Health Workers (CHWs), have demonstrated a unique ability to engage people who use drugs (PWUD). This marginalized population, PWUD, are at risk of developing often treatable and preventable health conditions, yet avoid traditional health care systems and providers.

Purpose. In the context of community health nursing practice working collaboratively with CHWs presents a valuable partnership opportunity. Findings from the study will provide nurses with greater understanding and insight in relation to CHWs and how best to support and facilitate their work with a highly complex and vulnerable population in the community.

Approach. The use of the Giorgi (1970) Descriptive Phenomenological Psychological Method will be implemented to interview 4-6 CHWs employed by non-profit organizations in Saint John-New Brunswick and who work with PWUD. The descriptions will be viewed through the disciplinary lens of the Anderson & McFarlane (2004) Community-As-Partner Theoretical Model.

Results & Conclusion. Pending as this is a proposal that is currently under ethics review. It is anticipated that participant recruitment will begin late in May 2019.
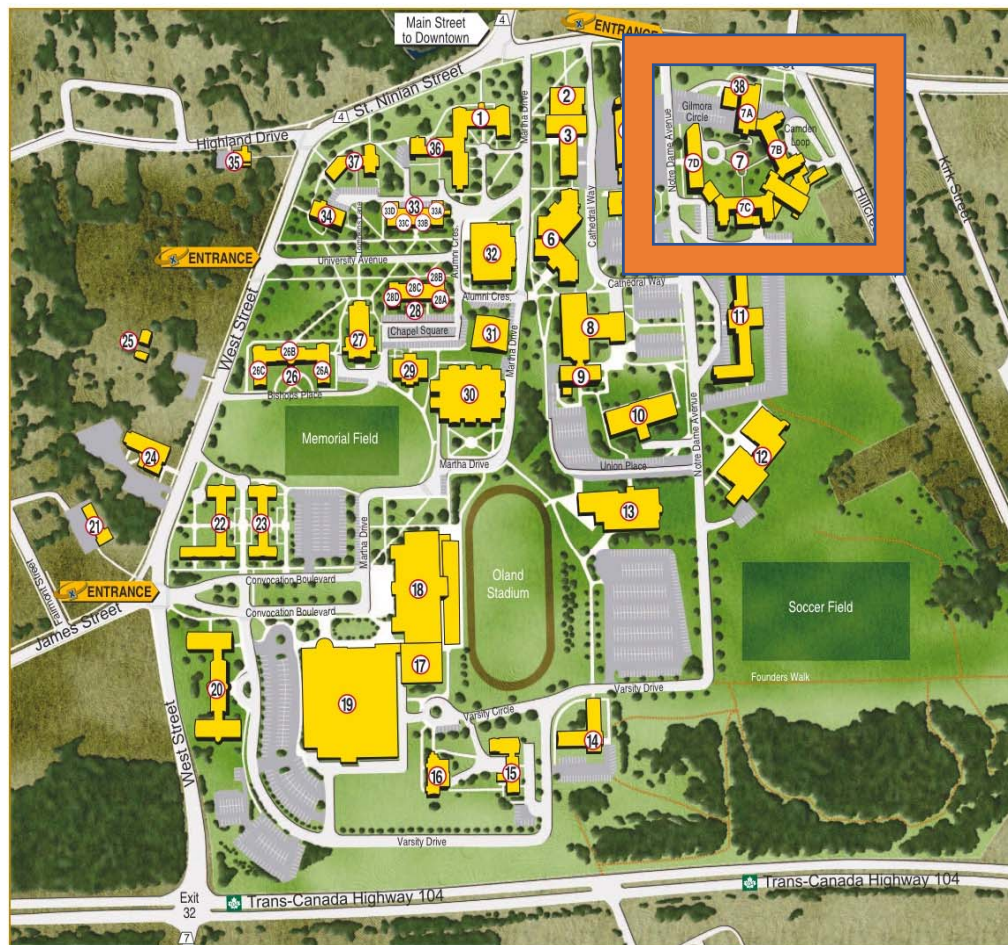
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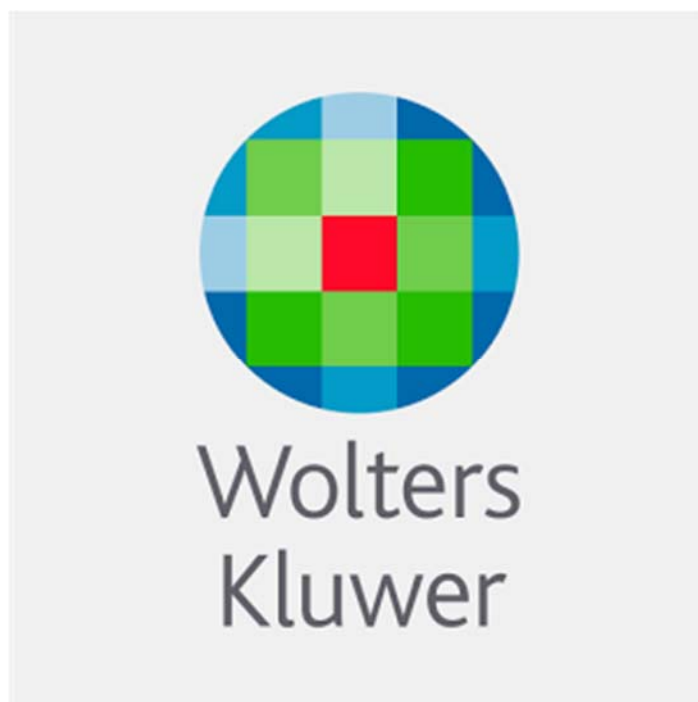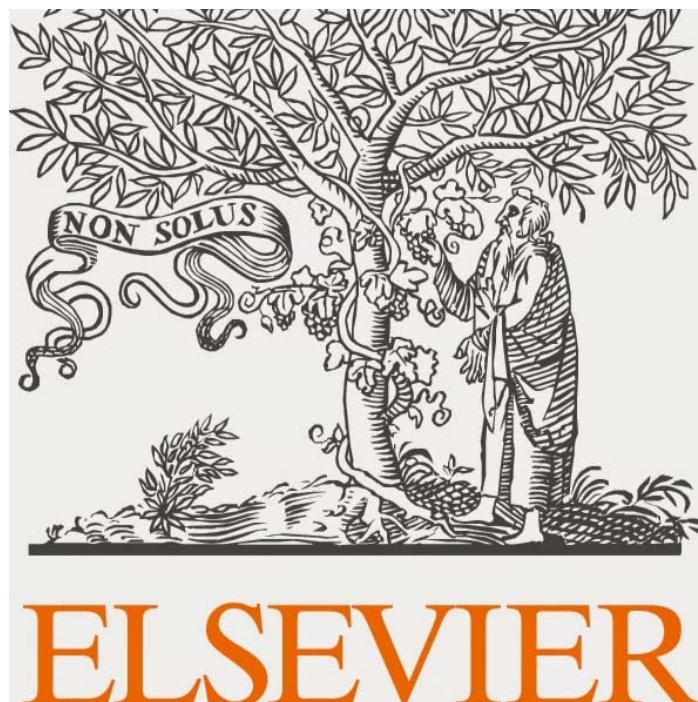
Campus Map

StFX CAMPUS MAP

1. Xavier Hall
2. Schwartz School (north entrance)
3. Schwartz School
4. St. Ninian's Cathedral
5. St. Ninian Place
6. Angus L. Macdonald Library
7. Mount Saint Bernard
   A) Immaculata Hall   B) Camden Hall
   C) Marguerite Hall   D) Gilmora Hall
8. Nicholson Hall (classroom section)
9. Nicholson Tower
10. Annex
11. Lane Hall
12. J. Bruce Brown Hall
13. Bloomfield Centre
14. MacIsaac Hall
15. MacDonald Hall
16. MacNeil Hall
17. Alumni Aquatic Centre
18. Oland Centre
19. Charles V. Keating Centre
20. Governors Hall
21. Coady International House
22. Somers Hall
23. Power Hall
24. 42 West Street Building
25. West Street Apartments
26. Bishops Hall
    A) Plessis House   B) Fraser House
    C) Burke House
27. University Chapel
28. MacKinnon Hall
    A) Business Office   B) Chisholm House
    C) Gillis House   D) MacNeil House
29. Bauer Theatre
30. Physical Sciences Centre
31. Recruitment and Admissions Office
32. Morrison Hall
33. Cameron Hall
    A) MacPherson House   B) Thompson House
    C) Tompkins House   D) MacDonald House
34. Mockler Hall
35. Aberlard House
36. Coady International Institute East
37. Coady International Institute West
38. Fine Arts Building